

Gavin Newsom Governor

Yana Garcia Secretary for Environmental Protection

Revised June 19, 2025

Jerry Oser Director of Environmental Health Inyo County Department of Environmental Health Services 1360 North Main Street, Suite 228 Bishop, California 93514

Dear Mr. Oser:

During June 2024, through March 2025, CalEPA and the Unified Program state agencies conducted a performance evaluation of the Inyo County Department of Environmental Health Services Certified Unified Program Agency (CUPA). The CUPA evaluation included a remote assessment of administrative documentation, review of regulated facility file documentation, California Environmental Reporting System information, and oversight inspections.

Upon completion of the evaluation, a preliminary Summary of Findings report was developed to identify various findings: program deficiencies with corrective actions, incidental findings with resolutions and program observations and recommendations. The report also includes acknowledgement of accomplishments and challenges, as well as examples of outstanding Unified Program implementation. Enclosed, please find the final Summary of Findings report.

Based upon review and completion of the performance evaluation, CalEPA has rated the CUPA's overall implementation of the Unified Program as satisfactory with improvement needed.

To demonstrate progress towards the correction of program deficiencies and resolution of incidental findings identified in the final Summary of Findings report, the CUPA must submit an Evaluation Progress Report approximately 60 days from the date of this letter. Thereafter, the CUPA will submit each subsequent Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Evaluation Progress Report response, until all deficiencies and incidental findings identified have been acknowledged as corrected or resolved by each issuing state agency. An Evaluation Progress Report template will be provided by the CalEPA Team Lead. Each Evaluation Progress Report must be submitted to the CalEPA Team Lead, Tim Brandt, via email at <u>Timothy.Brandt@calepa.ca.gov</u>, or uploaded to the established SharePoint website.

Thank you for your continued commitment to the protection of public health and the environment through the implementation of the Unified Program.

To ensure the CUPA Performance Evaluation process is as effective and efficient as intended, I kindly request the included evaluation survey to be completed and

Air Resources Board • Department of Pesticide Regulation • Department of Resources Recycling and Recovery Department of Toxic Substances Control • Office of Environmental Health Hazard Assessment State Water Resources Control Board • Regional Water Quality Control Boards Jerry Oser Page 2

returned to Melinda Blum, at <u>Melinda.blum@calepa.ca.gov</u>. If you would like to have specific comments remain anonymous, please indicate so on the survey.

If you have any questions or need further assistance, please contact Melinda Blum at <u>Melinda.Blum@calepa.ca.gov</u>.

Sincerely,

Jason Boetzer Deputy Secretary Local Program Coordination and Emergency Response

Enclosure

cc sent via email:

Richard Medina Senior Hazardous Materials Manager Inyo County Department of Environmental Health Services 1360 North Main Street, Suite 228 Bishop, California 93514

Tom Henderson UST Leak Prevention Unit and Office of Tank Tester Licensing Manager State Water Resources Control Board

Julie Pettijohn Environmental Program Manager CUPA Enforcement Branch Department of Toxic Substances Control

Ryan Miya, Ph.D. Senior Environmental Scientist, Supervisor Department of Toxic Substances Control

Jennifer Lorenzo Senior Environmental Scientist, Supervisor CAL FIRE - Office of the State Fire Marshal

Denise Villanueva Environmental Scientist CAL FIRE - Office of the State Fire Marshal Jerry Oser Page 3

cc sent via email:

Brennan Ko-Madden Senior Environmental Scientist Department of Toxic Substances Control

Pheleep Sidhom Environmental Scientist Department of Toxic Substances Control

Kaitlin Cottrell Environmental Scientist State Water Resources Control Board

John Paine Unified Program Manager California Environmental Protection Agency

John Elkins Environmental Program Manager California Environmental Protection Agency

Elizabeth Brega Senior Environmental Scientist, Supervisor California Environmental Protection Agency

Melinda Blum Senior Environmental Scientist, Supervisor California Environmental Protection Agency

Garett Chan Environmental Scientist California Environmental Protection Agency

Tim Brandt Environmental Scientist, Unified Program Evaluation Team Lead California Environmental Protection Agency

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Yana Garcia Secretary for Environmental Protection

### UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

CUPA: Inyo County Department of Environmental Health Services 2024 Evaluation Assessment: June 2024 through March 2025 Timeframe Evaluated: July 1, 2020, through March 31, 2024 Evaluation Team Members:

- CalEPA Team Lead: Tim Brandt
- **DTSC:** Pheleep Sidhom, Brennan Ko-Madden

- CalEPA: Garett Chan
- State Water Board: Kaitlin Cottrell
- CAL FIRE-OSFM: Denise Villanueva

This Final Summary of Findings includes:

- Accomplishments, Examples of Outstanding Implementation, and Challenges
- Deficiencies requiring correction
- Incidental findings requiring resolution
- Observations and recommendations

The findings contained within this evaluation report are considered final. The Unified Program implementation and performance of the CUPA is considered satisfactory with improvement needed.

Questions or comments regarding this evaluation should be directed to the CalEPA Team Lead:

# Tim Brandt

CalEPA Unified Program Phone: (916) 323-2204 E-mail: timothy.brandt@calepa.ca.gov

The CUPA shall submit each Evaluation Progress Report to CalEPA in accordance with the specified date provided in the Final Summary of Findings Report or Evaluation Progress Report response. For each identified deficiency and incidental finding, the CUPA shall complete the corrective action and resolution as indicated to demonstrate sufficient implementation of the Unified Program as required by regulation or statute. The Evaluation Progress Report process will continue until all deficiencies and incidental findings have been acknowledged as corrected or resolved by each issuing Unified Program state agency.

Each Evaluation Progress Report must be submitted to the CalEPA Team Lead via email at timothy.brandt@calepa.ca.gov or uploaded to the established SharePoint website. A narrative stating the status of correcting each deficiency and resolving each incidental finding identified in this Final Summary of Findings Report, and any applicable supporting documentation must be included with each Evaluation Progress Report.

The submittal date for the 1st Evaluation Progress Report is August 11, 2025.

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

#### ACCOMPLISHMENTS, CHALLENGES, AND EXAMPLES OF OUTSTANDING IMPLEMENTATION

Various accomplishments, outstanding efforts, and challenges that impact and/or enhance the overall ability of the CUPA to implement the Unified Program. Recognition of aspects such as response to local emergency declarations and statewide recovery efforts, which illustrate the accomplishments and challenges the CUPA manages in the efforts to continue implementation of the Unified Program.

### 1. CUPA STAFFING & ADMINISTRATIVE CHALLENGES:

In December 2022, the CUPA Manager accepted another position of employment, leaving the CUPA without any personnel to implement the Unified Program until July 2023, when the CUPA Manager position was filled. The CUPA Manager position for Inyo County is simultaneously responsible for implementing the Unified Program as the CUPA Manager for Mono County. The new CUPA Manager is currently in the process of conducting a revision of all CUPA policies and procedures, focusing on the CUPA's enforcement program in particular.

In addition, the CUPA has the following three budgeted staff positions allocated for the implementation of the Unified Program: A Registered Environmental Health Specialist (REHS), a REHS Trainee, and a Water Laboratory Technician. Each of the three positions has been vacant since July 1, 2020.

### 2. PARTICIPATION IN 2024 UNIFIED PROGRAM ANNUAL TRAINING CONFERENCE:

During the 2024 Unified Program Annual Training Conference, the CUPA Manager presented training sessions in three different topic areas, including a course on inspector field safety relative to Hazardous Waste and a course on the use of the Microsoft software suite and SharePoint. All trainings presented by the CUPA manager were also made available on the CUPA Forum Board (CFB) Learning Management System (LMS) for reference by other CUPA personnel across the state.

### 3. FIRE & HAZARDOUS MATERIALS (HAZMAT) INCIDENT RESPONSE:

As the CUPA for Inyo County, the Environmental Health Department has a critical support role in fire and hazmat response. While the CUPA does not mitigate hazmat spills or fires directly, CUPA personnel do respond as technical advisors to first responders, providing them with crucial information regarding chemical inventories and potential reactions at regulated sites, as well as regulatory requirements. The CUPA also investigates incidents to identify responsible parties, ensure appropriate cleanup, and enforce environmental regulations to hold businesses accountable for properly managing hazmat incidents and preventing hazmat incidents from occurring in the future.

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

### DEFICIENCIES REQUIRING CORRECTION

A program deficiency is considered a major deviation in implementation of the Unified Program from the expected standards set forth in statute or regulation. Commonly identified as a systemic problem in implementation of one or more program elements, a deficiency is likely to have an impact on the safety and protection of human health and the environment. Program deficiencies identify specific aspects regarding implementation of the Unified Program.

# 1. DEFICIENCY:

The CUPA has not established nor implemented all Unified Program administrative procedures.

The following Unified Program administrative procedures are missing:

- Public participation procedures that demonstrate how the CUPA will:
  - Ensure receipt and consideration of comments from regulated businesses and the public.
  - Coordinate, consolidate, and make consistent locally required public hearings related to any Unified Program element
  - Coordinate, consolidate, and make consistent locally required public notices for activities related to any Unified Program Element
- Records Maintenance Procedures
  - o Identification of the records maintained
  - Minimum retention times
  - Archive procedures
  - Proper disposal methods
  - Training records required by CCR, Title 27, Section 15260 and any other required training records specific to each program element.
- Data Management Procedures
  - Collection, retention and management of electronic data and documents in compliance with Section 15185
- Procedures for responding to requests for information from the public, from government agencies with a legal right to access the information, or from emergency responders, including methods to prevent the release of confidential and trade secret information.
- Procedures for providing the Hazardous Material Release Response Plan (HMRRP) information to emergency response personnel and other appropriate government entities in accordance with HSC, Section 25504(c).
- Financial Management Procedures
  - A single fee system in in accordance with CCR, Title 27, Section 15210
  - A fee accountability program, including details for allocating revenues, in accordance with CCR, Title 27, Section 15220
  - A surcharge collection and reimbursement program, including identification of all funding sources and financial amounts for covering budgetary deficits, in accordance with CCR, Title 27, Section 15250

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

Note: At the onset of the evaluation, the CUPA indicated the intent to completely rewrite the Unified Program administrative procedures. The rewritten procedures were not provided for the initial evaluation assessment.

Note: This Deficiency was identified during the 2020 CUPA Performance Evaluation and was partially corrected during the Evaluation Progress Report process with providing acceptable Public Participation Procedures, Records Maintenance Procedures, and a procedure for responding to information requests from the public, emergency responders, and government entities. Though the CUPA adopted the Mono County Fee Dispute Resolution, a procedure was not provided during the Evaluation Progress Report process, however, upon completion of the 2024 CUPA Performance Evaluation assessment, review finds the provided Fee Dispute Resolution procedures acceptable.

### CITATION:

California Code of Regulations (CCR), Title 27, Sections 15180(e), 15185, 15187, 15190, 15210 and 15220

[CalEPA]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will provide CalEPA with the developed Unified Program administrative procedures that adequately incorporate all required components.

By the 2nd Progress Report, if revisions to the developed Unified Program administrative procedures, were necessary based on feedback from CalEPA, the CUPA will provide CalEPA with the revised Unified Program administrative procedures. If no revisions are necessary, the CUPA will implement the developed Unified Program administrative procedures. In the event the CUPA employs additional staff, the CUPA will ensure the appropriate training occurs, will document the training and maintain the training documentation.

# 2. DEFICIENCY:

The CUPA is not annually completing a Self-Audit Report.

The CUPA did not complete an annual Self-Audit Report for the following Fiscal Years (FYs):

- FY 2021/2022
- FY 2022/2023
- FY 2023/2024

CITATION: CCR, Title 27, Section 15280(c) [CalEPA]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, or September 30, 2025, (whichever occurs first), and with each subsequent year, the CUPA will complete a Self-Audit Report that includes all required components and incorporates a date of completion to demonstrate the report was compiled by September 30th.

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

# 3. DEFICIENCY:

The CUPA is not inspecting each Hazardous Waste Generator (HWG) Program facility at least once every three years, per the inspection frequency established in the Inspection and Enforcement (I&E) Plan.

Review of facility files, information provided by the CUPA, and inspection, violation, and enforcement information, also known as compliance, monitoring, and enforcement (CME) information in the California Environmental Reporting System (CERS) on April 14, 2025, between April 1, 2021, and March 31, 2024, reflects:

• 46 of 97 (47%) HWG facilities were not inspected at least once every three years

### CITATION:

Health and Safety Code (HSC), Chapter 6.5, Section 25201.4(b)(2) CCR, Title 27, Section 15200(a)(3)(A) [DTSC]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each HWG facility is inspected at least once every three years. The action plan will include, at minimum:

- An analysis and explanation as to why the inspection frequency is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of the Coronavirus (COVID-19).
- A sortable spreadsheet obtained from CERS, identifying each HWG facility that has not been inspected at least once every three years. For each HWG facility listed, the sortable spreadsheet will include at minimum:
  - Facility name;
  - CERS ID;
  - Date of the last routine inspection; and
  - The estimated date, or date range, of the next routine inspection to be conducted, prioritizing the most delinquent inspections prior to any other HWG facility inspection based on risk.
- Future steps to ensure that each HWG facility will be inspected at least once every three years.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet, and a narrative as to how the CUPA is continuing to ensure each HWG facility will be inspected at least once every three years.

By the 5th Progress Report, the CUPA will have inspected each HWG facility identified in the sortable spreadsheet provided with the 1st Progress Report as not being inspected at least once every three years.

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

# 4. DEFICIENCY:

The CUPA is not consistently following-up and documenting return to compliance (RTC) information in CERS for HWG Program facilities and Aboveground Petroleum Storage Act (APSA) tank facilities cited with violations.

Review of CERS CME information on April 14, 2025, reflects there is no documented RTC for the following HWG Program violations cited between April 1, 2021, and March 31, 2024:

- 25 of 52 (48%)
  - 2 of 11 (18%) Minor violations did not obtain RTC within 30 days.

Review of CERS CME information on March 20, 2025, reflects there is no documented RTC for the following APSA Program violations cited between July 1, 2020, and March 31, 2024:

- 1 of 3 (33%) cited between July 1, 2020, and June 30, 2021
- 1 of 1 (100%) cited between July 1, 2021, and June 30, 2022
- 1 of 1 (100%) cited between July 1, 2022, and June 30, 2023
  - Note: The violation is for not having, or failure to prepare, a Spill Prevention, Control, and Countermeasure (SPCC) Plan.
- 3 of 4 (75%) cited between July 1, 2023, and March 31, 2024

### CITATION:

HSC, Chapter 6.5, Sections 25110.8.5, 25117.6, and 25187.8(b) and (g) HSC, Chapter 6.11, Section 25404.1.2(c) and (e) HSC, Chapter 6.67, Section 25270.4.5(a) CCR, Title 27, Sections 15185(a) and (c), and 15200(a) and (e) [DTSC, OSFM]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from CERS, that includes, at minimum the following information for each HWG Program facility with an open violation (no RTC) cited between April 1, 2021, and March 31, 2024, and each APSA tank facility with an open violation (no RTC) cited between July 1, 2020, and March 31, 2024:

- Facility name;
- CERS ID;
- Inspection and violation dates;
- Scheduled RTC date;
- Actual RTC date (when applicable);
- RTC qualifier; and
- In the absence of obtained RTC, a narrative of any applied enforcement or follow-up activity to ensure the facility obtains RTC.

The CUPA will prioritize follow-up actions with each facility based on the level of hazard present to public health and the environment.

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

By the 3rd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with three HWG facility records, as requested by DTSC, that include RTC documentation, or a narrative of the follow-up activity and any enforcement applied in the absence of RTC.

# 5. DEFICIENCY:

The CUPA is not consistently including all observations, citations, factual basis, and corrective action documentation for each violation cited in HWG Program inspection reports.

Review of HWG facility inspection reports, CERS CME information and Notices of Violation (NOVs) finds inspection reports do not include adequate documentation for cited violation, including:

- Full detail of each observation made at the facility
- Violation citations
- Factual basis for each observed violation
- Corrective actions for each violation cited to be taken by the facility owner/operator of the facility to ensure RTC

The following facilities have inspection reports with inadequate or improper documentation of cited violations:

- CERS ID 10001104: Inspection dated September 21, 2023
  - The inspection report includes statements such as:
    - "Fluorescent tubes stored improperly"
    - "Drum labeled as paint waste stored onsite > 1 year, remove"
    - "Provide manifest for 3 missing dates-11/14/22 4/12/22 & 10/27/21."
  - CERS ID 10120312: Inspection dated September 30, 2021
    - The inspection report cites the following violations:
      - "Observed 55 gallon drum used to evaporate iodine solution. Minimal iodine solution in drum,"
      - "Exceeded pickup time Observed 2 drums of used oil without proper labeling,"
      - "Observed open dried iodine blue drum."
      - Observations, factual basis, and corrective actions for each violation cited are not documented in the inspection report.
- CERS ID 10120777: Inspection dated August 25, 2022
  - The inspection report does not document the detail on the type and capacity of containers nor how labeling was incomplete.
- CERS ID 10774417: Inspection dated May 17, 2022
  - The inspection report includes statements such as:
    - "Facility has moved and changed names"
    - "Refresh hazardous waste labeling with new address epa ID# etc"
    - "use BMPs for management of spills."
- CERS ID 10781890: Inspection dated September 20, 2022
  - The inspection report cites the following violation:

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- "Facility has been using incorrect EPA ID # for used oil pickup. CAL000335253 for the line st side has been used for Coyote Pit. The Coyote pit number is CAL000443879(International [illegible] System). Discussed with Cranes oil. Corrected."
- A corrective action for the violation cited is not documented in the inspection report.
- CERS ID 10823872: Inspection dated March 6, 2024
  - The inspection report does not document the detail on the type of waste and amount of unlabeled containers.

Note: It is not necessary to revise the HWG inspection reports for the facilities identified as examples above.

Note: The examples provided above may not represent all instances of this deficiency.

### CITATION:

HSC, Chapter 6.5, Section 25185(c)(2)(A) [DTSC]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will ensure HWG Program inspectors:

- Receive inspection report writing training to include observations, factual basis, citations and corrective actions for each violation cited in an HWG inspection report by reviewing the "Elements of a Violation" training.
- Review the following DTSC HWG fact sheets and information:
  - DTSC Hazardous Waste Generator Requirements Fact Sheet <u>https://dtsc.ca.gov/hazardous-waste-generator-requirements-fact-sheet/</u>.
  - Accumulating Hazardous Wastes at Generator Sites <u>https://dtsc.ca.gov/accumulating-hazardous-wastes-at-generator-sites/</u>.
  - The language of HSC, Section 25185(c)(2)(A) <u>https://leginfo.legislature.ca.gov/faces/codes\_displayText.xhtml?lawCode=HSC&di</u> <u>vision=20.&title=&part=&chapter=6.5.&article=8</u>

The CUPA will provide CalEPA with training documentation, which at minimum will include the date training was conducted, an outline of the training conducted, and a list of personnel in attendance.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an inspection report citing at least one HWG violation, for three HWG facilities, as requested by DTSC, that have been inspected after training has been completed and within the last three months. Each inspection report will contain observations, factual basis, citations, and corrective actions to correctly identify and classify each observed HWG violation.

## UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

## 6. DEFICIENCY:

The CUPA is not ensuring each inspector completes the APSA training program and passes the exam prior to conducting inspections at tank facilities for compliance with the SPCC Plan requirements of APSA.

The following inspections were conducted prior to the CUPA inspector completing the APSA training program and passing the exam:

- CERS ID 10001104: inspection dated September 21, 2023
- CERS ID 10128634: inspection dated June 14, 2024

Note: The examples provided above may not represent all instances of this deficiency.

### CITATION:

HSC, Chapter 6.67, Section 25270.5(c) [OSFM]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a narrative on the progress toward the inspector passing the APSA training program.

### 7. DEFICIENCY:

The CUPA is not inspecting each APSA tank facility at least once every three years, per the inspection frequency established in the I&E Plan.

Review of facility files, information provided by the CUPA, and CERS CME information obtained on August 1, 2024, between April 1, 2021, and March 31, 2024, reflects:

- 13 of 22 (59%) APSA tank facilities that store 10,000 gallons or more of petroleum were not inspected, including the following 2 APSA tank facilities that have never been inspected:
  - o CERS ID 10119886
  - o CERS ID 10837354
- 12 of 23 (52%) other APSA tank facilities have not been inspected, including the following 2 APSA tank facilities that have never been inspected:
  - o CERS ID 10132450
  - o CERS ID 10852684

### CITATION:

HSC, Chapter 6.67, Section 25270.5(a) and (b) CCR, Title 27, Section 15200(a) [OSFM]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each APSA tank facility is inspected at least once every three years. The action plan will include, at minimum:

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- A sortable spreadsheet obtained from CERS, identifying each APSA tank facility that has not been inspected within the last three years. For each APSA tank facility listed, the sortable spreadsheet will include at minimum:
  - Facility name;
  - CERS ID;
  - Category of APSA tank facility, such as 10,000 gallons or more; 1,320 9,999 gallons; tank in an underground area (TIUGA) with less than 1,320 gallons; conditionally exempt (farms, nurseries, loggings sites, construction sites);
  - Date of the last routine inspection; and
  - The estimated date, or date range, of the next routine inspection to be conducted, prioritizing the most delinquent inspections prior to any other APSA tank facility inspection based on risk (i.e., large volumes of petroleum and proximity to navigable water).
- Future steps to ensure each APSA tank facility will be inspected at least once every three years.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet, and a narrative as to how the CUPA is continuing to ensure each APSA tank facility will be inspected at least once every three years.

By the 5th Progress Report, the CUPA will have inspected each APSA tank facility identified in the sortable spreadsheet provided with the 1st Progress Report as not being inspected at least once every three years.

# 8. DEFICIENCY:

The CUPA is not consistently ensuring all businesses subject to Business Plan reporting requirements annually submit a Hazardous Materials Business Plan (HMBP) or a no-change certification to CERS.

The CUPA is not consistently ensuring all APSA tank facilities annually submit an HMBP to CERS, when an HMBP is provided in lieu of a tank facility statement.

On June 3, 2024, review of HMBPs submitted to CERS between April 4,2023, and June 3, 2024, by businesses subject to Business Plan reporting requirements reflects:

- 87 of 246 (35%) Business Plan facilities have not submitted a chemical inventory and site map.
- 86 of 244 (35%) Business Plan facilities have not submitted emergency response and employee training plans.

On March 20, 2025, review of HMBPs submitted to CERS between April 1, 2023, and June 3, 2024, by APSA tank facilities in lieu of tank facility statements reflects:

- 17 of 49 (35%) APSA tank facilities have not submitted a chemical inventory and site map.
- 17 of 49 (35%) APSA tank facilities have not submitted emergency response and employee training plans

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

Note: This Deficiency was identified during the 2020 CUPA Performance Evaluation regarding the CUPA not consistently ensuring all businesses subject to Business Plan reporting requirements annually submit an HMBP. During the Evaluation Progress Report process, the CUPA applied ongoing quarterly efforts to send email notifications to remind owners/operators and environmental contacts of the requirement to annually submit an HMBP to CERS. Upon prioritized inspection of a facility, the CUPA would review the CERS submittal for the facility and inform the owners/operators of any deficiencies.

### CITATION:

HSC, Chapter 6.67, Section 25270.6(a) HSC, Chapter 6.95, Sections 25505(a), 25508(a), and 25508.2 [CaIEPA, OSFM]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure all businesses subject to Business Plan reporting requirements and all APSA tank facilities providing an HMBP in lieu of a tank facility statement annually submit an HMBP to CERS. The action plan, at minimum, will include how the CUPA will follow up with facilities that have not annually submitted an HMBP to CERS.

By the 1st Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a sortable spreadsheet obtained from CERS, that includes at minimum the following information for each business subject to Business Plan reporting requirements and each APSA tank facility providing an HMBP in lieu of a tank facility statement that has not annually submitted an HMBP:

- Facility name;
- CERS ID; and
- Follow-up actions including:
  - Enforcement applied by the CUPA to ensure an HMBP is annually submitted to CERS.

By the 4th Progress Report, the CUPA will ensure each business subject to Business Plan reporting requirements and each APSA tank facility providing an HMBP in lieu of a tank facility statement has annually submitted an HMBP to CERS, or the CUPA will have applied enforcement.

# 9. DEFICIENCY:

The CUPA is not inspecting each facility subject to HMBP requirements at least once every three years.

Review of CERS CME information June 3, 2024, between April 1, 2021, and March 31, 2024, reflects:

• 126 of 246 (51%) facilities subject to HMBP requirements were not inspected within the last three years.

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

Note: This Deficiency was identified during the 2020 CUPA Performance Evaluation. During the Evaluation Progress Report process, the CUPA established the use of an inspection tracker spreadsheet to monitor the status and compliance of all regulated facilities. At monthly Environmental Health Department staff meetings, the CUPA presented the status of the inspection frequency and was available to address any concerns regarding not meeting the inspection frequency. The CUPA committed to prioritizing and conducting inspections at facilities not inspected during 2021 through 2023.

### CITATION:

HSC, Chapter 6.95, Section 25511(b) [CalEPA]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each facility subject to HMBP requirements is inspected at least once every three years. The action plan will include, at minimum:

- An analysis and explanation as to why the inspection frequency is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of the Coronavirus (COVID-19).
- A sortable spreadsheet obtained from CERS, identifying each facility subject to HMBP requirements that has not been inspected within the last three years. For each facility listed, the sortable spreadsheet will be updated to include, at minimum:
  - Facility name;
  - CERS ID;
  - Date of the last routine inspection, and
  - The estimated date, or date range, of the next routine inspection to be conducted, prioritizing the most delinquent inspections prior to any other HMBP facility inspection based on risk.
- Future steps to ensure each facility subject to HMBP requirements will be inspected at least once every three years.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet, and a narrative as to how the CUPA is continuing to ensure each facility subject to HMBP requirements will be inspected at least once every three years.

By the 5th Progress Report, the CUPA will have inspected each facility subject to HMBP requirements identified in the sortable spreadsheet provided with the 1st Progress Report as not being inspected at least once every three years.

### 10. DEFICIENCY:

The CUPA is not certifying to CalEPA every three years that a complete review of the area plan has been conducted and any necessary revisions have been made.

• The last certification of the area plan was 2020.

UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

#### CITATION:

HSC, Chapter 6.95, Section 25503(d)(2) [CalEPA]

#### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will certify to CalEPA that a complete review of the area plan has been conducted and any necessary revisions have been made. The CUPA will provide CalEPA with the area plan.

Note: Financial assistance may be requested from Cal OES through the Hazardous Materials Emergency Preparedness (HMEP) grant program.

#### 11. DEFICIENCY:

The 2020 area plan is missing required elements.

Review of the 2020 area plan finds the following required elements are missing:

- Proposed Area Plans
  - Protocols for responses to pesticide drift exposure incidents, as required by <u>CCR Title</u> <u>19, Section 5020.1(c)</u>.
  - Procedures and Protocols for Emergency Rescue Personnel
    - Guidelines for approach, recognition, and evaluation of releases and threatened releases of hazardous materials by emergency response personnel, as required by <u>CCR, Title 19, Section 5020.2(a)</u>.
    - Monitoring and decontamination guidelines for emergency response personnel and equi0pment, as required by <u>CCR</u>, <u>Title 19</u>, <u>Section 5020.2(b)</u>.
- Pre-Emergency Planning
  - Provisions for pre-incident surveys of business sites by first responders for the purpose of site familiarization, if deemed necessary by the administering agency, as required by <u>CCR, Title 19, Section 5020.3(a)</u>.
  - Provisions for pre-emergency planning and coordination among emergency responders within the jurisdiction of an administering agency, as required by <u>CCR</u>, <u>Title 19, Section 5020.3(b)</u>. Pre-emergency planning shall include coordination of emergency response and emergency assistance between contiguous jurisdictions.
  - Procedures to access local, state and federal funding and emergency response assistance, as required by <u>CCR, Title 19, Section 5020.3(c)</u>.
  - Procedures developed in consultation with the Local Health Officer, to inform medical providers regarding eligibility for reimbursement pursuant to Section 12997.5 of the Food and Agricultural Code, where applicable, as required by <u>CCR</u>, <u>Title 19</u>, <u>Section 5020.3(d)</u>.
  - Provisions for access to state approved and permitted hazardous waste disposal facilities and emergency response contractors, as required by <u>CCR, Title 19, Section</u> <u>5020.3(e)</u>.
  - Procedures, established in consultation with the County Agricultural Commissioner and the Local Health Officer, with assistance from the Department of Pesticide

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Regulation, to provide immediate access to pesticide-specific information for responders to pesticide releases, as required by <u>CCR, Title 19, Section 5020.3(g)</u>.

- This information will assist emergency response and emergency medical services personnel in identifying and characterizing any pesticides which have the potential to come into contact with one or more individuals as the result of a pesticide drift exposure incident within the jurisdiction.
- Notification and Coordination
  - Provisions for notification of, and coordination with, emergency response personnel, such as, but not limited to, law enforcement, fire service, medical and public health services, poison control centers, hospitals, and resources for the evacuation, reception and care of evacuated persons, as required by <u>CCR</u>, <u>Title 19</u>, <u>Section</u> <u>5020.4(a)</u>.
  - A responsibility matrix or listing of specific emergency responsibilities of responding organizations. This matrix or listing shall be developed in coordination with the listed responding organizations, as required by <u>CCR, Title 19, Section 5020.4(c)</u>.
  - Provisions for notification to the California Governor's Office of Emergency Services of all reports received pursuant to Title 19, Division 2, Chapter 4, as required by <u>CCR</u>, <u>Title 19, Section 5020.4(d)</u>
    - These notifications shall be submitted, at least monthly, on forms specified by the California Governor's Office of Emergency Services.
  - Procedures, developed in consultation with the Local Health Officer, to ensure access to health care within 24 hours of an exposure resulting from a pesticide drift exposure incident and up to a week after the incident, as required by <u>CCR, Title 19,</u> <u>Section 5020.4(e)</u>.
- Training
  - Provisions for joint field or table-top exercises, with affected organizations, with voluntary participation of business representatives, as required by <u>CCR, Title 19,</u> <u>Section 5020.5(b)(2)</u>.
- Public Safety and Information
  - Provisions for informing business personnel and the affected public of safety procedures to follow during a release or threatened release of a hazardous material, as required by <u>CCR</u>, <u>Title 19</u>, <u>Section 5020.6(b)</u>.
  - Procedures, developed in consultation with the County Agricultural Commissioner, to notify residents of a pesticide drift exposure incident and a procedure to assist in the coordination of an evacuation, if deemed necessary by emergency response personnel, as required by <u>CCR, Title 19, Section 5020.6(c)</u>.
  - Procedures to identify all languages known to be spoken in the administering agency's county or city, as the case may be, and ensure that any individual is able to access services in their native language, as required by required by Section 11135 of the Government Code per <u>CCR</u>, <u>Title 19</u>, <u>Section 5020.6(d)</u>. The area plan will outline what these services are and how they will be provided in the languages identified.
  - Provisions for evacuation plans. Evacuation planning shall provide for the following elements, as required by <u>CCR, Title 19, Section 5020.6(g)</u>:
    - Determination of the necessity for evacuation;

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- Centralized coordination of information with local law, fire, public health, medical, and other emergency response agencies;
- Timely notification of the affected public, including release of messages prepared pursuant to CCR, Title 19, Section 5020.6 (e) and (f;
- Properties of hazardous materials, such as quantity, concentration, vapor pressure, density, and potential health effects;
- Possible release scenarios;
- Facility characteristics, topography, meteorology, and demography of potentially affected areas;
- Ingress and egress routes and alternatives;
- Location of medical resources trained and equipped for hazardous material response;
- Mass-care facilities, reception areas, and sheltering; and
- Procedures for post-emergency period population recovery.
- Supplies and Equipment
  - A listing and description of available emergency response supplies and equipment specifically designated for the potential emergencies presented by the hazardous materials which are handled within the jurisdiction of the administering agency, as required by <u>CCR</u>, <u>Title 19</u>, <u>Section 5020.7(a)</u>.
  - Outline the provisions for regular testing, if applicable, and proper maintenance of emergency response equipment under the direct control of the county or city, as the case may be, as required by <u>CCR, Title 19, Section 5020.7(b).</u>

### CITATION:

HSC, Chapter 6.95, Section 25503(c) and (d) CCR, Title 19, Division 5, Article 2, Sections 5020.1 through 5020.8 [CalEPA]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will provide CalEPA with the revised area plan that includes all required elements.

### 12. DEFICIENCY:

The CUPA is not consistently ensuring HMBP submittals are thoroughly reviewed and contain all applicable required elements before being accepted in CERS.

Review of 14 HMBP CERS submittals provided by regulated businesses subject to Business Plan reporting requirements, finds the following 11 were accepted with missing or incomplete required elements:

- CERS ID 10731235
  - Inventory submitted on January 22, 2021, and accepted on July 25, 2023
    Missing required site map elements such as access and exit points.
- CERS ID 10120312
  - Inventory submitted on October 13, 2020, and accepted on July 29, 2022
    - Missing required site map elements such as access and exit points.

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- CERS ID 10769068
  - o Inventory submitted on January 13, 2022, and accepted on July 25, 2023
    - Missing required site map elements such as north orientation, adjacent streets, evacuation staging areas, and emergency response equipment.
- CERS ID 10118647
  - Inventory submitted on February 3, 2023, and accepted on June 18, 2024
    - Missing required site map elements such as evacuation staging areas.
- CERS ID 10119856
  - o Inventory submitted on October 19, 2022, and accepted on July 25, 2023
    - Missing required site map elements such as north orientation, adjacent streets, access and exit points, evacuation staging areas, hazardous material handling and storage areas, and emergency response equipment.
- CERS ID 10854046
  - Inventory submitted on February 7, 2023, and accepted on June 18, 2024
    - Missing required site map elements such as north orientation, evacuation staging areas, and emergency response equipment.
- CERS ID 10126951
  - o Inventory submitted on June 15, 2022, and accepted on July 25, 2023
    - Missing required site map elements such as adjacent streets, access and exit points, evacuation staging areas, and emergency response equipment.
- CERS ID 10116964
  - Inventory submitted on August 2, 2023, and accepted on June 18, 2024
    - Missing required site map elements such as access and exit points, and evacuation staging areas.
- CERS ID 10120531
  - o Inventory submitted on and accepted on August 6, 2021
    - Missing required site map elements such as north orientation and emergency response equipment.
- CERS ID 10126279
  - $_{\odot}$   $\,$  Inventory submitted on June 10, 2023, and accepted on June 18, 2024  $\,$ 
    - Missing required site map elements such as evacuation staging areas.
- CERS ID 10117354
  - Inventory submitted on April 7, 2022, and accepted on July 25, 2023
    - Missing required site map elements such as access and exit points, evacuation staging areas, hazardous material handling and storage areas, and emergency response equipment.

Note: The examples provided above may not represent all instances of this Deficiency.

# CITATION:

HSC, Chapter 6.95, Sections 25505(a), and 25508(a)(3) and (4) [CalEPA]

# **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each future HMBP submittal is thoroughly reviewed and contains all applicable required elements before being accepted in CERS. The action plan will include steps to follow

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

up with regulated businesses having an HMBP submittal that was reviewed and not accepted due to identified missing or incomplete elements.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a narrative update on the implementation of the action plan.

By the 4th Progress Report, the CUPA will ensure each regulated business subject to Business Plan reporting requirements has annually submitted a complete HMBP to CERS, or the CUPA will have applied enforcement.

# 13. DEFICIENCY:

The CUPA is not consistently conducting complete Underground Storage Tank (UST) compliance inspections.

Review of Facility File information and CERS CME information provided by the CUPA reflects:

- Non-compliance was cited as a violation in an inspection report; however, CME information was not correctly reported to CERS:
  - o CERS ID 10117474
    - Inspection Report dated February 9, 2022, cites "87-2 ELLD failed, retested after lines purged and siphon replaced, passed."
    - The 2022 "Routine" UST Compliance Inspection was reported to CERS as an "Other" inspection, with no violation for Unified Program Violation Library Violation Type Number 2030025 - Line Leak Detector (LLD)-Double-Walled Pressurized Pipe (USEPATCR 9d).
  - o CERS ID 10120168
    - Inspection Report dated October 12, 2023, outlines a California Air Resources Board (CARB) referral on August 15, 2023, to inspect leaking dispenser hardware. This is not a UST Compliance Inspection.
    - The 2022 "Routine" UST Compliance Inspection was reported to CERS with no violation for:
      - Annual Monitoring system Certification dated October 12, 2023, being one month late;
      - Unified Program Violation Library Violation Type Number 2030002 Release Detection (USEPATCR 9d); and
      - Unified Program Violation Library Violation Type Number 2060020 Spill Prevention (USEPATCR 9a).
- Inconsistent identification of UST construction and testing information:
  - o CERS ID 10120066
    - Annual Monitoring System Certifications completed April 22, 2021, and April 22, 2022, Section 7 Line Leak Detectors indicates "Yes" for Electronic Line Leak Detectors (LLD) testing, while CERS indicates Mechanical LLD are on site.
- Certification of the service technician was missing or expired prior to the date of testing for the following facilities:
  - o CERS ID 10117474

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- Annual Monitoring System Certifications completed February 9, 2022, and February 15, 2023, by a technician with no training or certification type
- Spill Container Testing Reports completed February 9, 2022, and February 15, 2023, and February 22, 2024, by a technician with no training or certification type
- CERS ID 10120063
  - Annual Monitoring System Certifications completed April 21, 2022, February 8, 2023, and February 22, 2024, by a technician with no training or certification type
  - Spill Container Testing Reports completed April 21, 2022, February 8, 2023, and February 22, 2024, by a technician with no training or certification type
- o CERS ID 10120066
  - Annual Monitoring System Certifications completed April 22, 2021, and April 22, 2022, by a technician with no training or certification type
  - Spill Container Testing Reports completed April 22, 2021, and April 22, 2022, by a technician with no training or certification type
  - Overfill Prevention Equipment Inspection completed April 20, 2023, manufacturer and test equipment methods are incorrect
  - Note: The Contractor State Licensing Board (CSLB) information for the contractor is noted twice, and no manufacturer training is listed for the appropriate equipment that is on site.
- UST testing and leak detection documents were not found for the following facilities:
  - o CERS ID 10117474
    - 2021 Overfill Prevention Equipment Inspection Report
  - o CERS ID 10117840
    - 2022 Monitoring System Certification
    - 2022 Spill Container Testing Report
  - o CERS ID 10119886
    - 2022 Monitoring System Certification
    - 2023 Monitoring System Certification
    - 2022 Spill Container Testing Report
    - 2023 Spill Container Testing Report
    - Last two Overfill Prevention Equipment Inspection Reports
    - Last two Secondary Containment Testing Reports
    - Line tightness test results
  - o CERS ID 10120417
    - 2024 Overfill Prevention Equipment Inspection Report
  - o CERS ID 10157867
    - 2022 Monitoring System Certification
    - 2022 Spill Container Testing Report
    - 2022 Overfill Prevention Equipment Inspection Report
- UST compliance inspection reports were not found for the following facilities:
  - o CERS ID 10117474
    - 2023 UST Compliance Inspection Report
  - o CERS ID 10117840
    - 2022 UST Compliance Inspection Report

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- o CERS ID 10119886
  - 2022 UST Compliance Inspection Report
  - 2024 UST Compliance Inspection Report
- o CERS ID 10120063
  - 2021 UST Compliance Inspection Report
  - 2022 UST Compliance Inspection Report
- o CERS ID 10120066
  - 2021 UST Compliance Inspection Report
  - 2022 UST Compliance Inspection Report
- o CERS ID 10120168
  - 2022 UST Compliance Inspection Report
  - 2023 UST Compliance Inspection Report
- o CERS ID 10157867
  - 2022 UST Compliance Inspection Report
  - 2024 UST Compliance Inspection Report

Note: The above examples may not include all instances of this Deficiency.

Note: This Deficiency is the combination of two deficiencies identified during the 2020 CUPA Performance Evaluation, for not consistently citing violations for failure to conduct an overfill prevention equipment (OPE) inspection, and for not consistently preparing or completing annual UST compliance inspection reports and/or maintaining records for each annual UST inspection. During the Evaluation Progress Report process, to address not consistently citing OPE violations, the CUPA was unable to establish a process for UST inspection staff to correctly cite and report all UST violations in CERS. During the Evaluation Progress Report process, to address not consistently preparing, completing and maintaining annual UST inspection records, the CUPA outlined a process for maintaining files electronically in a site-specific format, as is done by the Mono County CUPA. While scanning paper files and maintaining them electronically is acceptable, a written process was not established in the I&E Plan to ensure UST staff consistently prepare or complete annual UST compliance inspection reports and maintain records for each annual UST inspection.

#### CITATION:

HSC, Chapter 6.7, Sections 25288(b), 25298(b), and 25299 CCR, Title 23, Sections 2637, 2637.1, 2637.2, 2638, 2711(d), 2713(c), and 2715(f)(2) CCR, Title 27, Section 15920(a)(3) [State Water Board]

#### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will provide CalEPA with an analysis and explanation as to why complete annual UST compliance inspections are not consistently conducted. The analysis and explanation will include, at minimum:

 Discussion of what procedures and tools may be needed to consistently conduct complete annual UST compliance inspections and correctly report UST CME information to CERS

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- e.g., identifying areas of the annual UST compliance inspection checklist that can be improved (refer to the California CUPA Forum Board "UST Inspection Checklist," at https://calcupa.org/inspection-checklist/index.html);
- Identification of the types and frequency of training needed to consistently conduct complete UST compliance inspections, identify non-compliance, ensure UST testing and leak detection documents are submitted within 30 days of testing, and ensure CME information is reported to CERS; and
- A plan to address each identified aspect as to why complete annual UST compliance inspections are not consistently conducted.

By the 2nd Progress Report, based on the findings identified in the CUPA's analysis and explanation, the CUPA will review and revise the I&E Plan, or other applicable procedure, to ensure, at minimum, the establishment of a process for consistently conducting complete annual UST compliance inspections and correctly report UST CME information to CERS. The revised I&E Plan, or other applicable procedure will, at minimum include a process for:

- Conducting complete annual UST compliance inspections at all UST facilities, including single-walled UST facilities;
- Review of and follow-up with UST testing and leak detection documents submitted by UST owners or operators as part of the annual UST compliance inspection;
- Documenting observed non-compliance identified during annual UST compliance inspections in UST compliance inspection reports;
- Reporting all inspections, observed non-compliance identified in UST compliance inspection reports and any associated CME information to CERS;
- Conducting annual UST compliance inspections when UST inspection staff are on-site to witness the monitoring system certification and visually inspect all UST required components;
- Conducting annual UST compliance inspections when UST inspection staff are not on-site to witness the monitoring system certification and visually inspect all UST required components;
- UST facility owners or operators to submit UST testing and leak detection documents to the CUPA within 30 days of testing;
- Applying and documenting enforcement if the UST owner or operator fails to submit UST testing and leak detection documents to the CUPA within the required time frame;
- How the CUPA will maintain records of UST compliance inspection reports and testing and leak detection records for all UST facilities;
- Reviewing the annual UST compliance inspection checklist for thoroughness to capture citations in accordance with UST Regulations, HSC, and the Unified Program Violation Library in CERS;
- Accurate U.S. EPA Technical Compliance Rate (TCR) reporting, including abandoned USTs; and
- Quality assurance to ensure violation data used as part of the semi-annual report (Report 6) is accurately reported to CERS.

The CUPA will provide CalEPA with the revised I&E Plan, or other applicable procedure. The CUPA will contact the State Water Board for any assistance needed.

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By the 3rd Progress Report, if amendments to the revised I&E Plan, or other applicable procedure, were necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended I&E Plan, or other applicable procedure. If no amendments are necessary, the CUPA will implement the revised I&E Plan, or other applicable procedure.

In the event the CUPA employs additional UST inspection staff, the CUPA will ensure the appropriate training occurs, will document the training and maintain the training documentation.

By the 4th Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with 5 UST facility records, as requested by the State Water Board, including, at minimum:

- UST compliance inspection reports,
- Annual monitoring certification results,
- Spill containment test results, and
- Overfill prevention equipment certification.

### 14. DEFICIENCY:

UST CME information in the Semi-Annual Report (Report 6) is inconsistent with CERS CME information.

Review of Report 6 and CERS CME information obtained on September 19, 2024, for the timeframe between January 1, 2023, and December 31, 2023, finds the following UST facilities reported as being inspected:

- Report 6: 25 of 25 (100%)
- CERS UST Routine Inspection Frequency Search Information: 17 of 25 (68%)
  The following facilities did not receive a Routine Inspection:
  - CERS ID 10823872
  - CERS ID 10128121
  - CERS ID 10120393
  - CERS ID 10117618
  - CERS ID 10120168
  - CERS ID 10129927
  - CERS ID 10120432
  - CERS ID 10120129

Note: Review of Report 6 and CERS CME information obtained from CERS on September 19, 2024, finds 24 of 25 (96%) UST facilities are consistently reported as being inspected between January 1, 2022, and December 31, 2022, and between January 1, 2021, and December 31, 2022.

Note: The CUPA utilizes paper reporting, where Report 6 UST inspection information is submitted using the CUPAs internal records, however the annual compliance inspection reporting requirement utilized as part of the Energy Policy Act of 2005 (EPAct) state certification requires all compliance inspections to be reported into CERS. Discrepancies in the CERS CME information

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gives rise to concerns of the quality of data being reported to the State Water Board as part of Report 6 and EPAct, which are integral for receiving federal grant funding for implementing California's UST Program.

Note: This Deficiency was identified during the 2020 CUPA Performance Evaluation regarding UST CME information in Report 6 being inconsistent with the Self-Audit Reports and CERS CME information for FYs 2017/2018, 2018/2019, and 2019/2020 and was not corrected during the Evaluation Progress Report process.

### CITATION:

HSC, Chapter 6.11, Section 25404(e)(4) CCR, Title 23, Section 2713(c)(3) and (d) [State Water Board]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan that, at minimum, includes:

- An analysis and explanation as to how Report 6 and CERS CME information have inconsistent UST compliance inspection information; and
- A strategy to ensure UST compliance inspection information will be accurately reported to Report 6 and CERS.

By the 1st Progress Report, the CUPA will review and revise the Data Management procedure, or other applicable procedure, to ensure the establishment of a process, which at minimum will address how UST compliance information is accurately reported in Report 6 and to CERS, including:

• collecting, retaining, managing, and reporting inspection information in Report 6 and to CERS

The CUPA will provide CalEPA with the revised Data Management Procedure, or other applicable procedure.

By the 2nd Progress Report, if amendments to the revised Data Management Procedure, or other applicable procedure were necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended Data Management Procedure, or other applicable procedure. If no amendments are necessary, the CUPA will implement the revised Data Management Procedure, or other applicable procedure. In the event the CUPA employs additional UST inspection staff, the CUPA will ensure the appropriate training occurs, will document the training and maintain the training documentation.

By the 3rd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will consistently report current UST CME information in Report 6 and CERS. Upon request, the CUPA will provide CalEPA with the annual UST compliance inspection report for each UST inspection that has not been reported to CERS.

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Note: Report 6 reporting windows are as follows every year:

- January 1 through June 30, due September 1
- July 1 through December 31, due March 1

### 15. DEFICIENCY:

The CUPA is not consistently inspecting all UST facilities annually.

Review of the "UST Routine Inspection Frequency Search" report, obtained from CERS on September 19, 2024, finds:

- 1 of 25 (4%) facilities was not inspected in 2021
  - o CERS ID 10120066
- 1 of 25 (4%) facilities was not inspected in 2022
  - o CERS ID 10117474
- 8 of 25 (32%) facilities were not inspected in 2023
  - The following UST facilities were not inspected:
    - CERS ID 10823872
    - CERS ID 10128121
    - CERS ID 10120393
    - CERS ID 10117618
    - CERS ID 10120168
    - CERS ID 10129927
    - CERS ID 10120432
    - CERS ID 10120129

Note: This Deficiency was identified as a deficiency during the 2017 CUPA Performance Evaluation and as an incidental finding during the 2020 CUPA Performance Evaluation and was not corrected or resolved during either Evaluation Progress Report process.

### CITATION:

HSC, Chapter 6.7, Section 25288(a) [State Water Board]

### **CORRECTIVE ACTION:**

By the 1st Progress Report, the CUPA will develop, implement, and provide CalEPA with an action plan to ensure each UST facility is inspected annually. The action plan will include, at minimum:

- An analysis and explanation as to why the inspection frequency is not being met. Factors to consider include existing inspection staff resources and the number of facilities scheduled to be inspected each year, response to declared emergencies such as wildfire response and recovery efforts and impacts of the Coronavirus (COVID-19).
- A sortable spreadsheet obtained from CERS as the "UST Routine Inspection Frequency Search" report, identifying each UST facility that has not been inspected annually. For each UST facility listed, the sortable spreadsheet will include at minimum:
  - Facility name;
  - CERS ID;

# UNIFIED PROGRAM PERFORMANCE EVALUATION FINAL SUMMARY OF FINDINGS REPORT

- Date of the last routine inspection; and
- The estimated date, or date range, of the next routine inspection to be conducted, prioritizing the most delinquent inspections with those facilities having single walled UST components and proximity to drinking water wells.
- Future steps to ensure that each UST facility will be inspected annually.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated sortable spreadsheet, and a narrative as to how the CUPA is continuing to ensure each UST facility will be inspected at least annually.

By the 3rd Progress Report, the CUPA will have inspected each UST facility identified in the sortable spreadsheet provided with the 1st Progress Report as not being inspected at least annually.

#### 16. DEFICIENCY:

Required components of the I&E Plan are inaccurate.

Review of the I&E Plan finds the following components are inaccurate:

- Section I. Inspection Component
  - UST Program element incorrectly identifies 27 UST facilities, while Report 6 and CERS correctly identify 25 UST facilities.
- Section II. Enforcement Component, subsection Red Tag Procedures
  - Red tag procedures do not reflect the amendments that became effective January 1, 2019. The correct language to include is:
    - "A person shall not input into or withdraw from an underground storage tank system that has a red tag affixed to its fill pipe, except to empty the underground storage tank pursuant to a directive issued in accordance with subparagraph (A) of paragraph (2) of subdivision (a)."

Note: This deficiency was identified as an incidental finding during the 2020 CUPA Performance Evaluation and was not resolved during the Evaluation Progress Report process.

#### CITATION:

HSC, Chapter 6.7, Sections 25285(b) and 252952.3(a)(2)(A) and (c)(1)(C) CCR, Title 23, Sections 2712(c) and 2713(c) CCR, Title 27, Section 15200(a) [State Water Board]

#### **CORRECTIVE ACTION:**

During the evaluation, the CUPA provided CalEPA with an I&E Plan, revised for FY 2024/2025, which includes provisions for annual review.

By the 1st Progress Report, the CUPA will provide CalEPA with the revised I&E Plan, or other applicable procedure, that adequately incorporates and correctly addresses all required components.

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By the 2nd Progress Report, if amendments to the revised I&E Plan, or other applicable procedure were necessary based on feedback from the State Water Board, the CUPA will provide CalEPA with the amended I&E Plan or other applicable procedure. If no amendments are necessary, the CUPA will implement the revised I&E Plan. In the event the CUPA employs additional staff, the CUPA will ensure the appropriate training occurs, will document the training and maintain the training documentation.

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#### INCIDENTAL FINDINGS REQUIRING RESOLUTION

An incidental finding is considered a minor deviation in implementation of the Unified Program from the expected standards set forth in statute or regulation. Commonly identified as a minor issue that may be problematic in implementation of one or more program elements, an incidental finding is not likely to have an impact on the safety and protection of human health and the environment.

### 1. INCIDENTAL FINDING:

The CUPA did not verify the treatment activates taking place at CERS ID 10129144.

- Tiered Permit (TP) notifications identifying the facility as a Conditionally Exempt Small Wastestream (CESW) facility were submitted to the CUPA on May 1, 2019, and June 19, 2019.
  - On April 7, 2022, the CUPA accepted a TP solvent recycling treatment activity notification as resin curing. It was not clear if the facility is recycling solvent and/or curing resins.
- A TP notification submitted on August 15, 2022, identified resin curing, however the submittal describes solvent recycling.
  - Resin curing and solvent recycling are two distinct processes with different management and reporting activities.
  - The TP notification did not identify each applicable condition to justify not needing a Federal permit.
  - Business Activities for Hazardous Waste submitted to CERS in August did not indicate treatment of hazardous waste on-site. On December 9, 2023, the CUPA accepted the Business Activities submittal with incorrect information provided.

Note: This Incidental Finding was identified in the 2020 CUPA Performance Evaluation and though the CUPA contacted the facility during the Evaluation Progress Report process, it was not resolved.

#### CITATION:

HSC, Chapter 6.5, Sections 25143.2, 25142.9, 25143.10 and 25201.5(c)(1) [DTSC]

#### **RESOLUTION:**

By the 1st Progress Report, the CUPA will inspect CERS ID 10129144 to confirm the treatment activities taking place regarding on-site solvent recycling treatment of waste resins. The CUPA will notify the owner/operator of CERS ID 10129144 if a resubmission of the Onsite Hazardous Waste Treatment Notification is required to accurately reflect the on-site solvent recycling and resin curing activities and will ensure the facility provides a CERS submittal with the appropriate documentation for onsite treatment and recyclable materials reports, as required.

By the 1st Progress Report, and with each subsequent Progress Report until considered resolved, the CUPA will provide CalEPA with a narrative update regarding the determination of the actual on-site solvent recycling and resin curing activities on-site, ensuring the facility provides the appropriate CERS notification submittal, and acceptance of a submittal with correct information.

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### 2. INCIDENTAL FINDING:

The CUPA is not consistently citing nor requiring the correction of construction violations, for existing UST systems.

Review of the UST Facility/Tank Data Download report obtained from CERS on September 19, 2024, reflects:

- The following UST systems were installed between July 1, 1987, and June 30, 2003, with single-walled vent or riser/fill piping and are equipped with only OPE Performance Measure 1, Audible/Visual alarms with no Ball Float or Fill Tube Shut-off valve:
  - o CERS Tank ID 10117252-001
  - o CERS Tank ID 10117252-002
  - o CERS Tank ID 10117252-003
  - o CERS Tank ID 10117252-004
- The following UST systems indicate "No" for Audible/Visual Alarms, Ball Floats, Fill Tube Shutoff Valve, and Exempt:
  - o CERS Tank ID 10119886-004
  - o CERS Tank ID 10823872-003
  - o CERS Tank ID 10827748-001

Note: The examples provided above may not represent all instances of this incidental finding.

Note: The following may be referenced:

- State Water Board CUPA Evaluation Guidance Documents, Single-Walled Vent or Riser Piping: <u>https://www.waterboards.ca.gov/ust/single-walled-vent-riser.html</u>
- State Water Board Local Guidance (LG) 150-3, "Underground Storage Tank Overfill Prevention Equipment": <u>https://www.waterboards.ca.gov/water\_issues/programs/ust/leak\_prevention/lgs/docs/15</u> <u>0-3.pdf.</u>

### CITATION:

CCR, Title 23, Sections 2631(a), 2636(a), and 2635 (c)(1) [State Water Board]

### **RESOLUTION:**

The CUPA must ensure UST systems are properly constructed, meet the secondary containment requirements of CCR, Chapter 16, Section 2636(a), and meet OPE requirements specified in CCR, Chapter 16, Section 2635(c).

By the 1st Progress Report, the CUPA will identify and provide CalEPA with a list of UST facilities (including the CERS ID and CERS UST Tank ID) which are incorrectly utilizing the OPE method and exemption.

The CUPA will provide written correspondence addressed to the UST facility owners/operators to inform the UST owners/operators of the requirement for installation of the correct OPE, or to

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construct secondary containment for single-walled vent and tank risers. The written correspondence will include language stating that failure to comply with OPE requirements specified in CCR, Chapter 16, Section 2635(c)(1)(B) or (C), or secondary containment exemptions in CCR, Chapter 16, Section 2636(a) will lead to enforcement. The CUPA will include the State Water Board as a carbon copy recipient on the correspondence.

By the 2nd Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with an updated list, indicating the status of each UST obtaining compliance. If appropriate steps have not been taken by the UST owners/operators to remedy the construction violations, the CUPA will apply enforcement. The CUPA will provide CalEPA with documentation of the applied enforcement.

By the 3rd Progress Report, if appropriate steps have not been taken by the UST owners/operators to remedy the construction violations, the CUPA will apply enforcement, including but not limited to revocation of the UST operating permit portion of the "Permit to Operate" (issued as the Unified Program Facility Permit) and issuance of red tags, which will prohibit the deposit and withdrawal of hazardous substances. The CUPA will provide CalEPA with documentation of the applied enforcement.

The State Water Board will consider this incidental finding resolved when the UST owners/operators install the correct OPE, or secondarily contain the vent and fill piping.

# 3. INCIDENTAL FINDING:

The CUPA is not ensuring all USTs and UST systems, including associated piping, used for the storage of hazardous substances installed on, or after, July 1, 2004, are in compliance with the design, construction, monitoring, and enhanced leak detection (ELD) testing requirements of HSC, Chapter 6.7, Section 25290.1.

Review of the Facility Tank Data Download obtained from CERS on August 27, 2024, finds the following UST is not in compliance with HSC, Chapter 6.7, Section 25290.1:

- CERS Tank ID 10120393-005
  - o Installation date: March 1, 2012
  - o "Yes" for Secondary Containment testing
  - o Single-walled Vent and Fill risers
  - Single-walled piping/turbine sump
  - Single-walled Under Dispenser Containment (UDC) are not consistent with vacuum, pressure, or hydrostatic (VPH) systems
  - No piping secondary containment information available
  - o UDC Leak Sensor Model "Float"

Note: The example provided above may not represent all instances of this incidental finding.

Note: The following State Water Board LG Letter may be referenced:

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 LG 162-5 "Installation and Monitoring Requirements for USTs installed on or after July 1, 2003": https://www.waterboards.ca.gov/ust/leak\_prevention/lgs/docs/lg162\_5.pdf.

### CITATION:

HSC, Chapter 6.7, Section 25290.1 [State Water Board]

#### **RESOLUTION:**

By the 1st Progress Report, the CUPA will provide CalEPA with the CERS ID, Tank ID(s) and all installation, construction, and monitoring records for each UST and UST system, including associated piping, identified as being installed on, or after, July 1, 2004.

By the 2nd Progress Report, the CUPA will provide CalEPA with draft written correspondence to inform the UST facility owner or operator of facilities not in compliance with applicable monitoring and construction requirements of HSC, Chapter 6.7, Section 25290.1, as determined by the State Water Board, based on the UST or UST system installation date. The draft written correspondence will include, but not be limited to, information regarding what is required to bring the facility into compliance and a timeline for obtaining compliance.

By the 3rd Progress Report, the CUPA will, if necessary, revise the draft written correspondence, based on feedback from the State Water Board and will provide the revised draft written correspondence to CalEPA. If no further revision to the draft written correspondence is necessary, the CUPA will send the correspondence to UST facility owners or operators of UST facilities determined by the State Water Board to not be in compliance with applicable monitoring and construction requirements based on the date of UST installation. The CUPA will carbon copy the State Water Board on the sent correspondence.

By the 4th Progress Report, and with each subsequent Progress Report until considered corrected, the CUPA will provide CalEPA with a narrative describing the follow up actions and applied enforcement taken to ensure USTs installed on, or after, July 1, 2004, are in compliance with HSC, Chapter 6.7, Section 25290.1.

### 4. INCIDENTAL FINDING: RESOLVED DURING EVALUATION

The I&E Plan has not been reviewed or revised annually.

• The CUPA indicated to CalEPA at the 2024 Evaluation Kickoff Meeting that the I&E Plan was being reviewed every three years and/or during Evaluation Progress Reports but was not always being reviewed at least annually.

### CITATION:

CCR, Title 27, Section 15200(a) [CalEPA]

#### **RESOLUTION: COMPLETED**

During the evaluation, the CUPA provided CalEPA with a draft I&E Plan, revised for FY 2024/2025, which includes provisions for annual review. This Incidental Finding is considered resolved.

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#### **OBSERVATIONS AND RECOMMENDATIONS**

Observations and recommendations identify areas of Unified Program implementation that could be improved and provide suggestions for improvement. Though the CUPA is not required by regulation or statute to apply the recommendations provided, the CUPA would benefit in applying the recommendations provided to improve the overall implementation of the Unified Program.

### 1. OBSERVATION:

The information below is a summary of the overall implementation of the HWG Program and the CUPA's hazardous waste related activities based upon review of policies and procedures, CERS CME information, facility file information, information provided by the CUPA and Self-Audit Reports between April 1, 2021, and March 31, 2024:

- CERS reflects 97 regulated HWG facilities, including three Resource Conservation and Recovery Act (RCRA) Large Quantity Generators (LQGs), and two Tiered Permitted facilities within the jurisdiction of the CUPA
- The CUPA provided a spreadsheet identifying 108 regulated HWG facilities, including four RCRA LQG facilities, two TP facilities, two Recyclers, and two Household Hazardous Waste Collection Facilities (HHWCFs).
- The difference in the total number of HWG facilities reflected in CERS and the total number of HWG facilities identified in the spreadsheet provided by the CUPA is likely due to some regulated facilities incorrectly identifying as HWGs in CERS.
- The three-year inspection frequency for all HWG Program facilities is currently being met.
- CERS reflects the CUPA inspected 68 unique HWG facilities and conducted 78 HWG routine inspections, and three HWG "other" inspections.
  - 48 of 78 (62%) routine inspections had no violations cited.
  - 30 of 78 (38%) routine inspections had at least one violation cited.
    - In the 30 routine inspections conducted having at least one violation, 51 total violations were cited, consisting of:
      - zero (0%) Class I violations,
      - 40 (78%) Class II violations, and
      - 11 (22%) minor violations.
  - The CUPA has ensured RTC for 27 of 51 (53%) violations cited.
- CERS reflects no formal enforcement actions were completed for hazardous waste related violations.
- Inspection reports do not contain detailed comments that note the factual basis of each cited violation, nor do inspection reports indicate whether consent to inspect was requested prior to beginning the inspection.
- Violation observations and comments are consistently being entered into CERS.

### **RECOMMENDATION:**

Follow up with facilities that have not obtained RTC by the scheduled RTC date and apply enforcement when facilities do not RTC, per the I&E Plan. Continue to ensure complete and thorough inspections are conducted to identify all violations at facilities.

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Follow up with facilities that have incorrectly identified as HWGs in the Business Activities CERS submittal. When citing violations concerning PE Tank Assessments, ensure that the violation is assigned the correct violation classification. PE Tank Assessment violations typically carry an economic benefit and cannot be cited as a Minor violation.

Revise the HWG inspection checklist to ensure consent is obtained and documented prior to conducting an HWG inspection.

Ensure inspection reports contain a detailed description of observations and the factual basis for each cited violation, and ensure comments in CERS reflect these details, to support any applicable enforcement efforts. Descriptions of observations and the factual basis to support alleged violations, should be detailed enough to clearly demonstrate how a regulatory requirement was not met and support the violation classification. Corrective action language (i.e. language describing what must be done for the facility to obtain RTC) should be appropriately prescriptive and clearly describe what must be done for the facility to obtain RTC, including how corrective action documentation should be provided for RTC consideration.

Periodically review Business Activities submittals in CERS to identify new HWG facilities and facilities that fail to correctly identify as an HWG. The CERS Facility Listing (Details) download can be useful for this purpose.

Utilize the U.S. EPA RCRAInfo database to identify RCRA LQGs within the jurisdiction of the CUPA. RCRA LQGs can be identified by confirming if a facility has submitted Biennial Reports through RCRAInfo.

# 2. OBSERVATION:

The CUPA did not review the HMBP submittals provided in lieu of tank facility statements within one year of the CERS submittal date for the following APSA tank facilities:

- CERS ID 10117354
  - HMBP submitted on April 7, 2022, and accepted on July 25, 2023
- CERS ID 10120153
  - HMBP submitted on February 15, 2023, and accepted on June 18, 2024, and
- CERS ID 10120312
  - HMBP submitted on October 13, 2020, and accepted on July 29, 2022

Note: The examples provided above may not represent all instances of this Observation.

### **RECOMMENDATION:**

Establish and implement a process to ensure timely review of annual CERS submittals.

# 3. OBSERVATION:

On August 1, 2024, the CERS reporting requirement was set as "APSA Applicable" for 50 APSA tank facilities. A spreadsheet provided by the CUPA identifies 47 APSA tank facilities, consisting of 23 APSA tank facilities storing 10,000 gallons or more of petroleum and 24 APSA tank facilities storing less than 10,000 gallons of petroleum.

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- 47 APSA tank facilities are identified in both CERS and the spreadsheet provided by the CUPA.
- 3 facilities identified as "APSA Applicable" in CERS are not identified as APSA tank facilities in the spreadsheet provided by the CUPA. Some of these facilities are likely not APSA regulated, and some of these facilities are APSA regulated.

Additionally, the CUPA regulates farms as conditionally exempt tank facilities.

### **RECOMMENDATION:**

Determine if each facility identified as "APSA Applicable" in CERS and not identified as an APSA tank facility in the spreadsheet provided by the CUPA should be regulated under APSA.

Complete the reconciliation of the APSA Program information in the spreadsheet provided by the CUPA with CERS to ensure all APSA tank facilities are consistently identified.

- If a facility is not subject to being regulated under APSA, the APSA reporting requirement should be set to "APSA Not Applicable" in CERS and the facility should not be identified as an APSA tank facility in the spreadsheet provided by the CUPA.
- If a facility is subject to being regulated under APSA, the APSA reporting requirement should be set to "APSA Applicable" in CERS and the facility should be identified as an APSA tank facility in the spreadsheet provided by the CUPA.
- Farms that are not regulated under APSA due to Senate Bill 612 and the Federal Water Resources Reform and Development Act (WRRDA) oil applicability thresholds should be identified in CERS as "APSA Not Applicable".

# 4. OBSERVATION:

Some APSA tank facilities submitted an HMBP to CERS in lieu of a tank facility statement using an outdated consolidated emergency response and training plans template, which contains obsolete information.

The CUPA accepted an SPCC Plan as part of the HMBP emergency response and training plans submittals for CERS ID 10120153. The SPCC Plan and the HMBP emergency response and training plans do not address the same requirements. Other program plan submittals should not be accepted for HMBP submittals, unless all applicable required HMBP elements are addressed.

### **RECOMMENDATION:**

Encourage each APSA tank facility to use the current 2023 version, of the consolidated emergency response and training plans template as part of the HMBP submittal, when providing an HMBP in lieu of a tank facility statement. The 2023 template is available in CERS, at https://calepa.ca.gov/wp-content/uploads/sites/6/2022/03/Emergency-Response-Plancorrected-6-27-22.pdf, on the CERS Central Businesses webpage at https://cers.calepa.ca.gov/businesses/ under Consolidated Emergency Response/Contingency Plan/Template, and on the CalEPA Unified Program Publications and Guidance webpage at https://calepa.ca.gov/cupa/publications/ under "Business-to-CUPA Reporting Forms."

Utilize the regulator comments field in CERS to advise APSA tank facility owners and operators that SPCC Plans should not be included in future CERS submittals.

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# 5. OBSERVATION:

The Hazardous Materials webpage for Inyo County, https://www.inyocounty.us/services/environmental-health/environmental-healthprograms/hazardous-materials-cupa contains outdated information as follows:

- The Unified Program elements list is missing the fire code Hazardous Materials Management Plans (HMMP) and Hazardous Materials Inventory Statements (HMIS) requirements, which are consolidated with the HMBP requirements.
- Above Ground Storage Tanks should be Aboveground Petroleum Storage Act to be consistent with the statute.
- The following statement is incorrect, "The Aboveground Petroleum Storage Act (AB1130) became effective on January 1, 2008." Use the revised statement as follows, "Assembly Bill 1130 (Statutes of 2007) became effective on January 1, 2008."
- The statement, "Aboveground storage tanks facilities with a capacity of 1320 gallons or more are required to have a Spill Prevention Control and Countermeasure Plan (SPCC). This plan shows how spills will be prevented and controlled." could benefit from improvement. The statement could be revised as follows:
  - APSA regulates tank facilities subject to the Federal SPCC rule or tank facilities with an aggregate storage capacity of 1,320 gallons or more of petroleum in aboveground storage tanks or containers. APSA regulates tanks or containers with a shell capacity equal to or greater than 55 gallons. APSA also regulates tank facilities with less than 1,320 gallons of petroleum if they have one or more stationary TIUGA with a shell capacity of 55 gallons or more of petroleum, and, in this case, only the TIUGAs are subject to APSA, although there are exceptions.
- The TIUGA Frequently Asked Questions (FAQ) link is broken. Update the link, https://osfm.fire.ca.gov/what-we-do/pipeline-safety-and-cupa/certified-unified-programagency/aboveground-petroleum-storage-act/tank-in-an-underground-area-tiuga.

# **RECOMMENDATION:**

Update the website as indicated above.

# 6. OBSERVATION:

The I&E Plan contains information that may benefit from improvement.

- Page 2: The Unified Program elements list is missing the HMMP-HMIS requirements, which are consolidated with HMBP requirements.
- Page 10: The statement regarding completing an aboveground storage tank training program established by the Secretary for CalEPA is outdated. Replace 'Secretary for CalEPA' with OSFM.
- Page 13: An RTC timeframe is not included for the APSA Program. There are no established RTC times for APSA violations; however, when cited with a minor violation, Unified Program facilities have 30 days from the date of the notice to return to compliance, in accordance with HSC 25404.1.2(c)(1). The attachment 'Aboveground Storage Inspection Guidelines' is missing.

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- Page 29: HSC Section 25270.5 is incorrectly referenced as violations of APSA. The correct citation is HSC, Chapter 6.6 commencing with Section 25270.
- Page 35: The APSA Program is not included in the matrix of enforcement options. Add the APSA Program.
- Page 40: Change SPCC Facilities to APSA facilities. The following statement is incorrect, "If the order is for a violation of HSC Ch. 6.67 commencing with section 25270.12, the violator shall be liable for a penalty of not more than five thousand dollars (\$5,000) for each day on which the violation continues." Revise the statement as follows, "If the order is for a violation of HSC Ch. 6.67, the violator shall be liable for a penalty of not more than five thousand dollars (\$5,000) for each day on which the violation continues." Revise the statement as follows, "If the order is for a violation of HSC Ch. 6.67, the violator shall be liable for a penalty of not more than five thousand dollars (\$5,000) for each day on which the violation continues, per HSC Sections 25270.12 and 25270.12.1."
- Page 48: APSA Penalties incorrectly references HSC Section 25270.1(a); revise citation to HSC Sections 25270.12 and 25270.12.1.
- Page 52: Statutory authority for enforcement under APSA incorrectly references HSC Section 25270.5. Revise citation to HSC Chapter 6.67.

### **RECOMMENDATION:**

Update the I&E Plan as indicated above.

# 7. OBSERVATION:

The area plan contains the following information that may benefit from improvement:

- Page 18: The Unified Program elements list incorrectly states the "Aboveground Storage Tanks (spill control and countermeasure plans only)".
- Pages 48, 49, 50, 54, and 101: Update the Uniform Fire Code to the California Fire Code.
- Page 54:
  - The following statement should be clarified, "All Aboveground Storage Tanks (ASTs) containing hazardous materials are be permitted by the Inyo County EHD if they hold above-threshold amounts of hazardous materials." Revise 'hazardous materials' to 'petroleum' or 'hazardous materials (petroleum)'.
  - The following statement should be clarified, "A facility is also required to complete a Spill Prevention Control and Countermeasure (SPCC) Plan if the aggregate quantity of petroleum in 55-gallon containers (which include tanks) or larger equals 1,320 gallons or more, and can impact the waters of the state if released." The revised statement could be as follows, "An APSA tank facility is also required to complete an SPCC Plan if: (1) the aggregate quantity of petroleum in 55-gallon or larger containers/tanks equals 1,320 gallons or more; (2) the tank facility is subject to the Federal SPCC rule; and (3) the tank facility has one or more 55-gallon or larger stationary TIUGA."

# **RECOMMENDATION:**

Update the area plan as indicated above.

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### 8. OBSERVATION:

Review of APSA tank facility files and CERS CME information reflects the following observations:

- CERS ID 10118647:
  - An inspection dated April 22, 2021, cites no violation is cited; however, the inspection report notes, "Satisfactory. Add new crusher diesel and lubricant tanks to SPCC Plan. Add to tank statement in CERS by data input in chemical inventory section. Update APSA section in CERS to [reflect] new petroleum totals in 55-gallon containers or larger."
  - An email from the facility representative, dated April 27, 2021, notes, "The trailer with the 120 used oil tank, 3-60 gallon lubricant tank, 55 gallons of turbine oil, 55 gallon of transmission fluid is not a trailer that is out at the quarry on a regular basis. It is only used for a daily use to vacuum out the oil from the equipment when needed. Stickers have been put on the tank as requested."
  - With some exceptions, all petroleum aboveground storage tanks or containers with a shell capacity of 55 gallons or larger are regulated under APSA regardless of whether the storage tank or container is permanently installed or temporary at a tank facility and must be included in the SPCC Plan within six months of the technical change.
- CERS ID 10120531:
  - An inspection dated July 23, 2021, cites no violation is cited; however, the inspection report notes, "Tank is off line currently and a portable generator is stored for back up power. The portable generator has a belly tank - provide gallons and add to SPCC Plan."
  - The tank facility has up to six months following a technical amendment to amend the SPCC Plan.
  - If a facility has not amended the SPCC Plan within six months of a technical amendment, a violation should be cited.

### **RECOMMENDATION:**

Review the APSA Program violations within the Unified Program Violation Library. Ensure violations are consistently cited, as appropriate, and follow up with APSA tank facilities, as necessary, to ensure compliance.

### 9. OBSERVATION:

Review of the UST Facility/Tank Data Download report obtained from CERS on September 24, 2024, finds 23 of 84 (27%) of USTs list "No" for Striker Plate/Bottom Protector. Effective December 22, 1998, CCR, Section 2662 (d), required owners to install a wear plate (striker plate) which meets the criteria in Section 2631(c) under all tank openings that could be used for manual in tank measurements. A drop tube-mounted bottom protector may fulfill this requirement.

#### **RECOMMENDATION:**

Thoroughly review CERS UST submittals prior to accepting. When on site, confirm all UST systems meet construction requirements.

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### **10. OBSERVATION:**

Review of CERS finds the following UST facilities have single-walled components which require permanent closure by December 31, 2025, in accordance with HSC, Chapter 6.7, Section 25292.05:

- CERS ID 10117840
- CERS ID 10157333

### **RECOMMENDATION:**

Provide verbal and written reminders to all applicable UST facility owners or operators regarding the December 31, 2025, requirement for permanent closure of single-walled USTs.

Ensure enforcement action is outlined in the Enforcement Plan and adhered to when necessary to ensure compliant closure of all single-walled USTs.

Note: The State Water Board provided a single-walled UST enforcement guidance letter to the CUPAs in December 2023. The following may be referenced: <u>https://www.waterboards.ca.gov/ust/docs/2023/upa-sw-enforcement-2023.pdf.</u>

#### 11. OBSERVATION:

Review of the UST Facility Search report obtained from CERS on September 19, 2024, finds UST submittal status information is incorrect for CERS ID 10119853. No closure date has been reported to CERS.

#### **RECOMMENDATION:**

Ensure a CERS UST submittal with the "Type of Action" and "Date UST Permanently Closed" is accepted prior to marking the UST Program Element as "Not Applicable." Additional guidance can be found at

https://www.waterboards.ca.gov/ust/cers/tutorials/ru19\_ensure\_accurate\_counts.html.

### 12. OBSERVATION:

On November 13, 2024, an oversight inspection was conducted with the sole CUPA inspector, during the annual monitoring system certification (AMC), spill container (SC) testing, and overfill prevention equipment inspection at CERS ID 10117474. The UST inspector reviewed the tank set up and alarm history prior to testing beginning.

The facility has not had ample enforcement applied in the past, as a passing overfill equipment inspection for all tanks has never been completed since the enaction of overfill requirements in October 2018. Additionally, the facility had previously completed the annual testing as follows:

- November 2021
- February 2022
  - Due to construction from dispenser replacement
- February 2023
- November 2024
  - The 2024 AMC was 8 months late at the time of testing

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Finally, the facility was missing the following items:

- Last three years of tank testing documentation on site, including AMC, SC, OPE, and Secondary Containment
- A current Designated Operator (DO) agreement
- The December 2023 DO report
- Current Chief Financial Officer (CFO) letter

The UST inspector explained the missing and late testing to the owner, what items were missing, and what would need to be updated in CERS to correct these violations.

As of January 27, 2025, no CUPA inspection report or testing documents have been provided to the State Water Resources Control Board. The State Water Board has reached out to the CUPA multiple times to obtain copies of the required testing documents to make an accurate assessment of the UST Oversight Inspection.

#### **RECOMMENDATION:**

Per CCR, Chapter 16, Section 2712(g), "The local agency shall take appropriate enforcement action pursuant to section 25299 of the Health and Safety Code or prohibit the operation of the tank systems if the owner or operator fails to comply with the monitoring requirements in Article 3 or 4 or the reporting requirements of Article 5." Enforcement actions, such as red tags which prohibit the sale of fuel, are effective methods to gain compliance with recalcitrant UST owners and operators.

For all non-compliance observed during the inspection, ensure violations are cited in the inspection report. Provide copies of the inspection report and testing documents to the State Water Board, upload inspection information to CERS, and ensure documentation is provided by the owner and operator within 30 days of testing.

### **13. OBSERVATION:**

On February 19 and 20, 2025, HWG Program oversight inspections were conducted at CERS ID 10117618, a RCRA LQG facility, and CERS ID 10128121, a Small Quantity Generator (SQG) facility. Both inspections were conducted by the same CUPA inspector.

The inspector had access to regulation and statute. The inspector informed the facility of the purpose of the inspection. At CERS ID 10117618 the inspector introduced themself, explained what they wanted to do, including looking at hazardous waste and other areas, such as areas storing hazardous materials, CERS, and documents they wanted to review, including training plans, emergency contingency plans, all hazardous waste manifests to the last three years, documents related to spills, such as training related to documenting a spill, and information for other Program Elements. At CERS ID 10128121, the inspector met the facility representative, stated they were there to inspect, and that facility is a business generating hazardous waste due to the nature of the business.

The inspector did not ask for nor receive consent to inspect at both facilities. At CERS ID 10117618, the inspector stated that on the drive to the facility they called the phone number in CERS to ask who the facility contact was. The inspector asked for and received consent to take

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pictures during the inspection; however, the inspector did not ask for nor receive consent to inspect. At CERS ID 10128121, the inspector asked for and received consent to inspect.

The inspector had knowledge of the respective facilities and activities. At CERS ID 10117618, the inspector stated that they inspected the site previously when they came to do UST testing, received a brief tour, knew where things were, and had familiarity with the people. The inspector stated that they obtained information from CERS and would otherwise use Google to obtain information. The inspector stated that they verified and validated the EPA ID number, obtained familiarity with the type and quantity of waste streams, transport paperwork, hazardous materials inventory, and site map. At CERS ID 10128121, the inspector stated that they knew the staff were non-management and an environmental contact was needed to obtain information and documents. The inspector stated that they learned utilities usually need advanced notice of inspection. The inspector stated that they did not just rely on prior knowledge obtained when they were there to inspect USTs; the inspector stated that they reviewed the CERS business submittal; however, the inspector stated that they did not review and validate the EPA ID number and would check the Hazardous Waste Tracking System (HWTS) later.

The inspector arranged logistics by assuring the respective facilities were active. At CERS ID 10117618, the inspector stated that on the drive to the facility they called the phone number in CERS to ask who the facility contact was. The inspector stated that they verified and validated the EPA ID number. For CERS ID 10128121, the inspector emailed the facility in the morning. The inspector had all applicable information available, such as permits, files, applications, and prior inspection reports. At CERS ID 10117618, the inspector had the hazardous materials inventory, site map, and a blank inspection checklist. At CERS ID 10128121, the inspector had similar information available as for CERS ID 10117618.

Most areas were inspected; however, not all appropriate documents were reviewed. At CERS ID 10117618, the inspector inspected areas including the area storing hazardous waste barrels, storage shed, tanks, office, "Inde-Comm" room, warehouse, mechanic building, an oily waste satellite accumulation can, paint booth, pump shop, tractor mechanic shop, used oil tanks and lube room. The inspector asked about metal dust on the ground in the metal working area; however, the inspector did not inspect the metal working area. The inspector did not inspect a satellite accumulation container in the lube room. The inspector reviewed documents including hazardous waste manifests; however, the inspection ended because the facility was closing before additional documents could be reviewed. The inspector did not review the Source Reduction Plan, tank assessments, Biennial Reports, training program, Contingency Plan, training records, tank inspection logs, arrangements with local authorities, nor the Quick Reference Guide; however, the inspector requested documentation of employee training, weekly container inspection records, daily inspection records of waste oil Aboveground Storage Tanks (ASTs), and 5 year Professional Engineer tank assessments for the two waste oil ASTs. At CERS ID 10128121, the inspector inspected areas including battery collection boxes, switch room, battery room, the flammable materials locker, several additional rooms, waste batteries in the warehouse storage room, the hazardous waste collection area, a roll off containing treated wood poles with creosol, garage, refrigerating area, propane tank, emergency generator, and outdoor closets; however, the inspector did not inquire about a flat screen television on the ground. The inspector did not review documents and stated they would follow up.

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The inspector did not misinterpret any rules. The appropriate rules were applied by the inspector according to the type of inspection conducted of statute and regulations. Regulations were adequately explained to the facility. At CERS ID 10128121, the inspector educated the facility representative about battery collection requirements. The inspector applied new rules and changes in rules appropriately. The inspector asked for help in determining correct regulatory interpretations. At CERS ID 10128121, the inspector asked for clarification about remote consolidation. At CERS ID 10128121, the inspector asked for clarification about requirements for halon powder in globes for fire suppression and if refrigerants released into the air would be considered a hazardous waste release.

The inspector acted in a professional manner, was on time, and developed rapport with the facility personnel. At CERS ID 10117618, the inspector demonstrated a friendly and agreeable attitude. At CERS ID 10128121, the inspector engaged in conversation with the facility representative prior to the inspection. The inspector showed interest in the inspections. A closing conference was not conducted to explain findings and expectations from both inspections. At CERS ID 10117618, the inspector shared the summary of violations with the facility representative, asked for and obtained the representative's signature of acknowledgement, and stated that they would return in the future to conduct a follow-up inspection to verify compliance.

All violations noted the correct classification. For CERS ID 10117618, the violation for failure of the universal waste handler to provide initial and/or annual refresher training is classified as Class 2. Violation notations did not all include detailed observations, factual basis, and corrective actions, including "Correct By" dates. For CERS ID 10117618, all citations have been correctly updated to match current regulations that went into effect on July 1, 2024, and appropriate observations and relevant corrective actions were provided for several violations, such as the observation that states drums are missing the accumulation start date for the violation for failure to properly label hazardous waste accumulation containers and the relevant corrective action for the violation for failure to maintain and operate the facility to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste; however, several violation notations include observations and corrective actions that are missing or incomplete, such as the observation that does not provide evidence that the 25 drums have been accumulated for over 90 days, even if the accumulation start date is not indicated, for the violation for failure to send hazardous waste offsite for treatment, storage, or disposal within 90 days and the missing corrective action for the violation for failure of the universal waste handler to prevent the release of the universal waste. Violation notations do not include "Correct By" dates; however, the inspection report requests compliance "no later than April 4, 2025." The inspector provided RTC documentation for four of the nine HWG Program violations cited during the inspection and correspondence related to returning the facility to compliance for the remaining five HWG Program violations by email on April 8 and 14, 2025. The inspector was unable to provide the inspection report for CERS ID 10128121 prior to the closing of the evaluation.

### **RECOMMENDATION:**

Increase staffing and any other resources needed to effectively implement the HWG Program and On-Site Hazardous Waste Treatment Activities.

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To support any applicable enforcement efforts, ensure inspection reports contain a detailed description of observations and the factual basis for each cited violation, and ensure comments in CERS reflect the detailed observations and factual basis for each violation cited in inspection reports. Descriptions of observations and the factual basis to support alleged violations, should be detailed enough to clearly demonstrate how a regulatory requirement was not met and support the violation classification. Corrective action language (i.e. language describing what must be done for the facility to obtain RTC) should be prescriptive and clearly describe what must be done for the facility to obtain RTC, including how corrective action documentation should be provided for RTC consideration.

### 14. OBSERVATION:

On May 12, 2025, an HMBP oversight inspection was conducted at CERS ID 10128127 and at CERS ID 10129144.

Prior to the inspection at the first location, the inspector demonstrated and communicated thorough review of previous inspection reports, CERS submission inventory, and past inspection visits. The inspector also discussed other program inspections such as Hazardous Waste. The inspector demonstrated knowledge of the HMBP Program and requirements.

Prior to the inspection, the inspector explained the purpose of the visit and requested for consent to conduct the inspection and review any relevant compliance documentation. The inspector had pre-established rapport from previous inspections, which also demonstrated a history of working with the facility. The inspector also acknowledged that the site had not been visited in more than three years and spent the time to talk to the facility employees and owners.

A full walkthrough of the facility was conducted to verify the reported information in the hazardous materials inventory and observe all areas where hazardous materials may be stored and handled. The inspector took photographs to further discuss the findings in the inspection report.

Documentation was reviewed after the facility walkthrough and the inspector verified the appropriate training was being conducted annually and that required documentation was maintained for the last three years. The inspector discussed and acknowledged with the facility representative the information that required correction from the inspection and also provided assistance with updating and submitting to CERS.

The violations observed during the inspection were cited and reviewed with the facility representative. The inspection report also included observations and corrective actions that will be sent with the inspection report. The inspector demonstrated good knowledge of the program and handled the inspection professionally.

The second inspection was conducted at CERS ID 10129144, and the inspector demonstrated thorough preparation. The inspector also demonstrated knowledge of the type of industry (Auto Body Facility) for the inspection and what type of violations may be found and what will need to be updated in CERS.

During the inspection, the purpose and intent of the site visit was explained to the facility representative. The inspector conducted the inspection and walkthrough, took photographs,

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and reviewed any relevant documentation related to the inspection, including current training records. This demonstrated knowledge of the HMBP requirements.

The walkthrough was discussed with the facility representative at the end of the inspection. Violations were discussed with the facility representative and will be included in the report which includes observations made by the inspector and corrective actions to achieve compliance.

#### **RECOMMENDATION:**

Continue to conduct thorough review of the facility, even if the inspector has been there prior. Review the site maps and observe for any changes to processes and hazardous materials locations. Continue to review chemicals on site and request Safety Data Sheets (SDSs) when needed when more information is required, even for storage purposes. Continue to discuss with facility representative the purpose of the visit thoroughly which is the strength of this program and inspector.